

2008 Annual Return to Barrington, RI Tax Assessor

**The law is mandatory - a return must be filed (RI Law Section 44-5-15, as amended)
and mail to: Tax Assessor's Office, C/O The Barrington Town Hall, 283 County Road, Barrington RI 02806
Statement of Valuation as of 12/31/2008**

Account #: _____

This name and Mailing Address will be used
for tax bill. Please change if incorrect.

Date Received: _____

Assessor's Use Only

For your convenience, we have supplied you with this form for the declaration of taxable property located in Barrington Rhode Island. According to the General Laws of the state of Rhode Island, taxable property must be declared to the Barrington Tax Assessor's Office between DECEMBER 31, **2008** AND JANUARY 31, **2009**. If a taxpayer is unable to make such a declaration within the prescribed time frame, they may submit written notice, prior to JANUARY 31 **2009**, of your intention to submit a declaration by MARCH 15, **2009**. Failure to file a true and full account, within the prescribed time frame, eliminates your right to appeal.
No amended returns will be accepted after MARCH 15th, 2009.

Thank you for your cooperation. If the Assessor's Office can be of any assistance, feel free to call us between the hours of 8:30 and 4:30 Monday through Friday at (401) 247-1900 x3. You may also visit the Assessor's Office during the same hours and days of the week.

STATE LAW REQUIRES THE FILING OF THIS DECLARATION. **FAILURE TO DO SO MAY RESULT IN AN INCREASED ASSESSMENT.** THIS FORM IS **NOT** SUBJECT TO PUBLIC INSPECTION.

I, _____ My Residence Is: _____
(Name)

(Title) am responsible for the
information contained within this form. My Daytime Phone Number Is: (____) _____
Email Address: _____

Please give a full/general description of your business operation: NAICS #: _____

☐ Mfg. ☐ Wholesale ☐ Retail ☐ Other _____

Number of employees as of December 31st, **2008** _____ Square feet occupied: _____

Do you own or lease the space occupied: _____ Own / Lease _____ Monthly rent: \$ _____

Type of Ownership: ☐ Corporation ☐ Partnership ☐ Individual ☐ Other: _____

Name(s): _____

Business Name / DBA: _____

Business Address: _____

Mailing Address: _____

SECTION 1: REAL ESTATE OWNED

(If you need additional space, please attach an addendum)

LOCATION AND DESCRIPTION	ASSESSOR'S		CLAIMED FULL VALUE		
	PLAT	LOT	Land	Improvements	TOTAL:
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

SECTION 2: SHORT LIFE - COMPUTER EQUIPMENT ONLY

Please list all short life computer equipment separately in this section. **Manufacturers** include all equipment **NOT** used directly in the actual manufacturing process. Please attach a separate sheet if necessary. *LIST ALL LEASED / RENTED EQUIPMENT IN SECTION 8.*

Calendar Year Purchased	Acquisition New or Used?	Acquisition Cost:	Depreciation Rate (Set By The State)	Claimed Full Value	Assessor's Use Only
2008		-	5%		-
2007		-	20%		-
2006		-	40%		-
2005		-	70%		-
2004 & Earlier		-	80%		-
TOTALS:		-			-

SECTION 3: TANGIBLE PERSONAL PROPERTY

List by year the total acquisition cost for all furniture, fixtures, equipment, signs, and **unregistered vehicles** owned by you that are used in conducting the operations of any retail, wholesale, service, contracting, professional, or other type of business that have an economic life between 6 and 12 years.

Manufacturers should only report furniture, fixtures, and equipment, that are NOT used directly in the actual manufacturing process.

IMPORTANT - Be sure to declare all acquisitions still in use, even though full depreciated on your books. *List all leased/rented equipment in Section 8. Be sure to list all computer equipment separately in Section 2.*

Calendar Year Purchased	Acquisition New or Used?	Acquisition Cost:	Depreciation Rate (Set By The State)	Claimed Full Value	Assessor's Use Only
2008		-	5%		-
2007		-	10%		-
2006		-	20%		-
2005		-	30%		-
2004		-	40%		-
2003		-	50%		-
2002		-	60%		-
2001 & Earlier		-	70%		-
TOTALS:		-			-

SECTION 4: LONG LIFE ASSETS

List by year the total acquisition cost for all furniture, fixtures, equipment, signs, and **unregistered vehicles** owned by you that are used in conducting the operations of any retail, wholesale, service, contracting, professional, or other type of business that have an economic life of 13 years or more. **Do not duplicate assets reported in Sections 2 and 3**

Calendar Year Purchased	Acquisition New or Used?	Acquisition Cost:	Depreciation Rate (Set By The State)	Claimed Full Value	Assessor's Use Only
2008		-	5%		-
2007		-	10%		-
2006		-	15%		-
2005		-	20%		-
2004		-	25%		-
2003		-	30%		-
2002		-	35%		-
2001		-	40%		-
2000		-	45%		-
1999		-	50%		-
1998		-	55%		-
1997		-	60%		-
1996		-	65%		-
1995 & Earlier		-	70%		-
TOTALS:		-			-

SECTION 5: BUILDINGS AND IMPROVEMENTS ON LEASED LAND

Property Address: _____ PLAT: _____ LOT: _____
Property Used For: _____
Name of Landowner: _____
Is the Lease Recorded? YES _____ NO _____ Lease Terms From: _____ To _____

SECTION 6: INVENTORY / STOCK IN TRADE / SUPPLIES

This section is to be used by ALL BUSINESSES, INCLUDING MANUFACTURERS

Also include any **consigned** inventories

Your **AVERAGE** monthly stock in trade / Supplies inventory at cost: _____ (FIFO Method)

Your **AVERAGE** monthly retail / wholesale inventory at cost: _____ (FIFO Method)

List below the value of your retail / wholesale inventory by month:

January: _____ February: _____ March: _____ April: _____
May: _____ June: _____ July: _____ August: _____
September: _____ October: _____ November: _____ December: _____

Planned floor goods must be included.

SECTION 7: MANUFACTURER INVENTORIES WHICH YOU CLAIM EXEMPT

(Rhode Island General Law 44-5-38, as amended)

Type of Inventory	City & State of Manufacture	Claimed Full Value 100%
Raw Materials:		
Goods In Progress:		
Finished Goods:		
	TOTAL:	

SECTION 8: LEASED/RENTED/CONSIGNEED TANGIBLE PERSONAL PROPERTY

This section is to be used by all businesses INCLUDING MANUFACTURERS

Owner/Address	Item Description	Cost New	Lease Term	Monthly Rent	Lease Number

SECTION 9: TANGIBLE PROPERTY LEASED OR RENTED TO OTHERS

On December 31st, **2008**, if you owned any items of tangible personal property (except registered motor vehicles), which you leased or rented to others, **please attach a separate schedule to this form and report all of the following information for each item:**

Lessee's name and the location of the property, a description of the property, your acquisition cost, the date of your acquisition or installation, the date of manufacture, monthly (or yearly) rental income, and the dates of the lease.

SECTION 10: LEASEHOLD IMPROVEMENTS

Fixtures, etc. owned by you and attached to or used in the real estate owned by others and not reported elsewhere. Leasehold improvements include (but are not limited to) wall paneling, carpeting, tile on floors and walls, ceilings, electrical and plumbing fixtures, wall partitions, building additions, and the like.

Calendar Year Purchased	Description of the Improvement	Improvement Cost	Depreciation Rate (Set By The State)	Claimed Full Value	Assessor's Use Only
2008		-	5%		-
2007		-	10%		-
2006		-	20%		-
2005		-	30%		-
2004		-	40%		-
2003		-	50%		-
2002		-	60%		-
2001 & Earlier		-	70%		-
TOTALS:		-			-

SECTION 11: SIGN AND HAVE YOUR RETURN NOTORIZED

I do hereby certify and declare that, to the best of my knowledge and belief, the foregoing is a true and complete list of all real estate and personal property owned by said corporation, partnership, individual or other business entity in or ratable in said Town of Barrington on the said thirty-first (31) day of December 2008 at 12 o'clock midnight, Eastern Standard Time; that the value placed against each item thereof is the full and fair cash value thereof at said time.

Please Sign and Date Here

Under penalties of perjury, I declare that I have examined this return, including the accompanying schedules, and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of the preparer (other than officer) is based on all information of which the preparer has any knowledge.

Signature

Date

Title:

On _____ personally appeared
(Month) (Day) (Year) (Person Signing Report)

before me and made an oath that the foregoing account, by him/her signed and exhibited, contains to the best of his/her knowledge and belief, a true and full account and valuation of all ratable estate owned or possessed by said corporation, partnership, individual or other business entity.

Signature of Notary Public

Date Signed

My Commission Expires: _____

Totals Section 2, 3, 4, 10:	-
Total Supplies (Sec. 6):	-
Overall Totals:	-

